

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL PROGRAM APPLICATION**  
OCFS CENTRAL OFFICE USE ONLY

PROGRAM CODE:

FUNDING CATEGORY: \_\_\_\_\_

Sponsoring Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Implementing Agency: \_\_\_\_\_ Total Program Budget: \$ \_\_\_\_\_ (100%)

Program Title: \_\_\_\_\_ OCFS Funds Requested \$ \_\_\_\_\_ ( \_\_\_\_\_ % of Total)

Agency Street Address: \_\_\_\_\_ Fiscal Officer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Period of Actual Program Operation FROM \_\_\_\_\_ TO \_\_\_\_\_

Charities Reg#: \_\_\_\_\_

☐ Executive Director☐ Board Chairperson

Signature

( )

Telephone Number

( )

Signature

Title

Telephone Number

( )

Signature

Title

Telephone Number

The Agency Is: ☐ Private, Not for Profit ☐ Public ☐ Religious Corporation

PROGRAM SITES Most Significant (3 Maximum)

NYC ONLY

| Type | Address (Street, City, State, Zip) | Assembly Dist. No. | NYS Senate Dist. No. | Local Plan'g Bd | City Council District |
|------|------------------------------------|--------------------|----------------------|-----------------|-----------------------|
|      |                                    |                    |                      |                 |                       |
|      |                                    |                    |                      |                 |                       |
|      |                                    |                    |                      |                 |                       |

PROGRAM SUMMARY: (MAXIMUM OF 350 CHARACTERS – approximately 45 Words)

## PROGRAM PROFILE

|           | Problem/<br>Need | Target<br>Population | Service Methods | Number of Youth<br>To be Served | Unduplicated Count of<br>Youth and Clients<br>Served (All Activities) |
|-----------|------------------|----------------------|-----------------|---------------------------------|---|
| Primary   |                  |                      |                 |                                 |   |
| Secondary |                  |                      |                 |                                 |   |

☐ Direct Services will NOT be provided by this program

Sex of program participants Male: \_\_\_\_\_ % Female: \_\_\_\_\_ %

Ethnicity White: \_\_\_\_\_ % Black: \_\_\_\_\_ % Hispanic: \_\_\_\_\_ % Native American: \_\_\_\_\_ % Asian: \_\_\_\_\_ % Other: \_\_\_\_\_ %

Age 0-4: \_\_\_\_\_ % 5-9: \_\_\_\_\_ % 10-15: \_\_\_\_\_ % 16-20: \_\_\_\_\_ %

Problem Need:

Target Population:

Service Methods: